

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-003181

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

660

STATE FILE NUMBER

FILED JAN 25 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN ST. LOUIS, MISSOURI

Length of stay in 1b
50 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

BARNES HOSPITAL

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
4475 West Pine

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First FLORENCE

Middle S.

Last AUFDENSPRING

4. DATE OF DEATH

Month Jan. Day 19 Year 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9/2/1892

9. AGE (last birthday)

70

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Cashier

10b. KIND OF BUSINESS OR INDUSTRY
Department Store

11. BIRTHPLACE (City and state or country)
Piqua, Ohio

12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME

John Savage

13b. MOTHER'S MAIDEN NAME

Nora Davis

14. NAME OF HUSBAND OR WIFE

Herman Aufdenspring

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Edith Houser, 4461 Olive St.

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Adenocarcinoma endometrium

INTERVAL BETWEEN ONSET AND DEATH
8 mo.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

172X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7/19/62 to 1/19/63 and last saw her/him alive on 1/19/63
Death occurred at 1:45 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

BARNES HOSPITAL

22c. DATE SIGNED

1-19-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

1-21-63

23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co., Mo.

24. FUNERAL DIRECTOR

ADDRESS

Albert H. Hoppe, Inc., 4700 Washington Blvd.

25. DATE RECD. BY LOCAL REG.

JAN 21 1963

26. REGISTRAR'S SIGNATURE

Neal Smith M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1
2 219
3
4 1
5 2
6
7 1
8 2
9
10
11
12 52-0
13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

E. W. Wilkinson

Licensed Embalmer No.

3575

P. O. Address

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.